

ARKANSAS INSURANCE DEPARTMENT

Alan McClain Insurance Commissioner

DEPOSIT AGREEMENT FOR FARMERS' MUTUAL AID ASSOCIATION

Pursuant to the provisions of A	Ark. Code	Ann. Section	_	nd amendments thereto, the of
State of Arkansas and enters i		greement with	llify itself or continu the Insurance Comn	e to transact business in the
deposits through him/her the f Description	Rate	Due Date	Par Value	Cusip Number(s)
				
This deposit permits the Comp CERTIFICATE OF AUTHOR		ansact business	s in accordance with	the lines as defined in the
It is agreed between the partie conditioned for payment of popayment of all claims arising any outstanding liabilities in Amade.	olicyholde and accru	ers and creditor ing to any pers	s of the insurer in th on in this State for s	is State, and the prompt to long as the Company has
WITNESS our hands and seal	this	day of		,
		COMPANY N	IAME	NAIC#
	By:	SIGNATURE	AND TITLE	
		PRINTED SIC	GNATURE AND TITI	 LE
	Attest:	SIGNATURE	AND TITLE	
INSURANCE COMMISSIONE	R	_		
DATE		_		